

**ESF-6**  
**MASS CARE**

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## ESF-6

### MASS CARE

**PRIMARY AGENCY:** American Red Cross

**SUPPORT AGENCIES:** City of Battlefield  
Springfield-Greene County Office of Emergency Management  
Springfield-Greene County Health Department  
Center for Independent Living

#### I. PURPOSE

This ESF establishes a working strategy for the mass care of residents in Greene County, during, or after an emergency. It will also support the delivery of mass care services of shelter and feeding to those affected by disaster and establishes systems to provide bulk distribution of emergency relief supplies. It will assist in the collection of information to operate a Safe and Well system for the purpose of reporting the status of those affected and assist with family reunification.

#### II. SITUATION AND ASSUMPTIONS

##### A. Situation

1. Springfield-Greene County is subject to a number of disasters that could cause the evacuation of residents. The number of people affected could range from very few to large numbers if a disaster struck a densely populated area (**see All-Hazards Mitigation plan**).
2. The American Red Cross (ARC), working with its partners, provides mass care services to those affected by disaster as part of a broad program of disaster relief, as outlined in charter provisions enacted by U.S. Congress, Act of January 5, 1905. The responsibilities assigned to the ARC as the primary agency for ESF-6 at no time will supersede those responsibilities assigned to the ARC by its congressional charter.
3. The planning basis for sheltering is for approximately 20% of the affected population to seek public shelter.
4. Those affected may be forced from their homes, depending on such factors as the time of occurrence, area demographics, building construction, and existing weather conditions. There may be large numbers of deceased and injured. There will also probably be a number of people, who have access and functional needs, separated from their support network and supplies, who will need additional help (i.e. children in school separated from parents at work, the disabled separated from their caregiver or needed equipment, etc.) Transients, such as tourists, students, and foreign visitors, may also be involved.
5. Facilities are available in Springfield-Greene County and its municipalities to temporarily shelter and feed those persons evacuated or displaced by a disaster.
6. If people are displaced from their homes by the disaster, temporary housing and mass care must be provided.

## **B. Assumptions**

1. City Officials will determine the best option for ensuring the safety of the public and will take action to implement that strategy along with effectively communicating to the public.
2. Some evacuees will seek friends or relatives and others will seek shelter in open private lodging facilities. This could include a mass exodus from the area but there will be some who will remain at or near their damaged homes.
3. The magnitude of damage to structures and lifelines in a disaster will rapidly overwhelm the capacity for local government to assess the disaster and respond effectively to basic human needs. Damage to roads, airports, communications systems, utilities, etc. will hamper emergency response efforts. The movement of emergency supplies may be seriously impeded.
4. A certain percentage of people will require shelter for an extended period of time.
5. Mobile feeding operations may not be possible in all operations.

## **III. CONCEPT OF OPERATIONS**

### **A. General**

1. Mass care sheltering operations will be directed and coordinated from the Battlefield Emergency Operations Center (EOC) or a facility designated at the time mass care becomes necessary. During declared disasters or emergencies, the Primary Agencies are responsible for implementing this ESF when needed.
2. Initial response activities will focus on meeting urgent needs of those affected by disaster on a mass care basis. Initial recovery efforts may commence as response activities are taking place.
3. Facilities must be identified that will promote inclusion of *ALL* potential clients and any service animals.
4. Mass Care Sheltering operations encompass the following:
  - a. **Mass Shelter:** The American Red Cross provides mass shelter in congregate care facilities such as schools, churches, and auditoriums. Emergency shelter for disaster victims will include the use of pre-identified shelter sites in existing structures; creation of temporary facilities or the temporary construction of shelters; and use of similar facilities outside the disaster-affected area, should evacuation be necessary.
  - b. **Mass Feeding:** The American Red Cross provides regular meals to disaster victims in shelters and at fixed and mobile mass feeding sites when needed. If special dietary needs are identified, the Red Cross will make reasonable accommodations to meet that need. The Red Cross also serves disaster workers, rescue workers, and similar groups when normal feeding facilities are unavailable and when meals are not available through their own organization.
  - c. **Bulk Distribution of Emergency Relief Items:** Sites will be established within the affected area for bulk distribution of emergency relief items to meet urgent needs of those affected by disaster.

- d. **Safe and Well Inquiries:** Inquiries regarding individuals residing within the affected area will be collected and provided to immediate family members outside the affected area through the Safe and Well website. Safe and Well volunteers will also be provided to aid in reunification of family members within the affected area who were separated at the time of the disaster.
- 6. A representative of the primary agencies will be available in the EOC or the incident command post during activation, if requested.
- 7. This ESF will coordinate with Donations Management (**ESF-19**) and Volunteer Management (**ESF-20**), with regard to warehouse and distribution issues for water, food, medicine, etc.

## **B. Actions to be taken by Operating Time Frames:**

There is a checklist in the reference section for Integrating Access and Functional Needs (IAFN) into Emergency Planning and Recovery that can help make sure of inclusivity for all potential clients during those phases.

### **1. Mitigation**

- a. Review Facility Surveys (ARC) to identify inclusive shelter facilities.

### **2. Preparedness**

- a. Assist in the maintenance of plans and procedures (i.e. reception/registration, allocation, feeding, traffic control, etc.).
- b. Identify population groups that would require additional assistance (i.e. disabled persons, minors, non-English speaking, etc.) and partner with agencies and organizations that can provide that assistance.
- c. Recruit and enlist other organized groups (religious, civic, fraternal, etc.) to assist with Mass Care operations.
- d. Coordinate training for shelter managers and staff.
- e. Participate in tests, exercises and drills.
- f. Coordinate public education efforts.
- g. Analyze pending emergencies and partner with appropriate Mass Care personnel and/or groups and organizations.
- h. Establish contact with primary mass care agency.
- i. Make necessary preparations to activate mass care operations.
- j. Brief key government officials and department heads (**Basic Plan**).
- k. Check the Mass Care Facilities Surveys available from the American Red Cross.
- l. Notify support agencies of situation.

### **3. Response**

- a. Assess the disaster situation and forecast mass care response needs, anticipate future mass care requirements, if applicable.
- b. Upon the receipt of recommendation the local shelters should be opened and staffed.
- c. Furnish assistance information for public information to broadcast. Provide listing of activated shelters to applicable officials.
- d. During the mass care phase, maintain communications with the State Emergency Operations Center (SEOC).
- e. Monitor sheltering activities to ensure an even distribution of evacuees to all applicable shelters.

- f. Assist with locating and reuniting evacuees and their families/relatives. Provide an information service for rapid dissemination of collected Safe and Well information.
- g. Assist in the dissemination of Damage Assessment (**ESF-16**) information to the EOC.

4. **Recovery**

- a. Monitor Shelter populations and closures.
- b. Continue to assist as required in locating and reuniting evacuees with their families/relatives.
- c. Assess the damages.
- d. Prepare after-action reports.

#### IV. ORGANIZATION AND RESPONSIBILITIES

A. **Primary Agency:**

**American Red Cross (ARC)**

- 1. The Planning Manager is responsible for seeing that necessary plans and procedures are developed for mass care operations, which will include reception/registration, shelter/feeding operations, bulk distribution of emergency relief items, and Safe and Well inquiries.
- 2. The Program Manager will work with the Planning Manager to ensure a realistic capability of the plans and processes are possible with the material and human resources available.
- 3. This function will support the management and coordination of mass sheltering, mass feeding, bulk distribution of emergency relief items, and Safe and Well services to the disaster-affected population.
- 4. Provide information to the appropriate authorities in response to Safe and Well inquiries and family reunification requests.
- 5. Manage mass care logistical and related fiscal activities.
- 6. Supplies and other resources that will be needed will be the responsibility of the Resource Management (**ESF-7**) and Donations Management (**ESF-19**).
- 7. Medical care and public health measures in the shelters will be provided by the Health and Medical (**ESF-8**).
- 8. Maintain records of the cost of supplies, resources and man-hours needed to respond to the disaster event.
- 9. Provide and assist with Volunteer Management (**ESF-20**)
- 10. Provide inclusive shelters in accordance with local, state and federal laws.
- 11. The Red Cross "Safe and Well" website ([www.redcross.org/safeandwell](http://www.redcross.org/safeandwell)) enables people within a disaster area to let their families and friends outside of the affected region know through the site, Facebook and Twitter that they are okay.
- 12. Assist in identifying and assessing the requirements for food on a 2-phase basis:
  - a. Critical emergency needs immediately after the disaster.
  - b. Long-term sustained needs after the emergency phase is over.
- 13. Provide meal counts, excluding snacks on a daily basis to the EOC. In some instances, disaster workers may need to be included in these daily counts.
- 14. Establish congregate feeding facilities in accordance with ESF-8.
- 15. Make emergency food supplies available to households for take home consumption or bulk distribution.
- 16. Coordinate with Transportation (**ESF-1**) for resources to deliver food, water and ice.
- 17. Provide appropriate information to Public Information (**ESF-15**) on a regular basis.

18. Develop a plan of operations that will ensure timely distribution of food supplies to Mass Care (**ESF-6**) locations.
19. Provide daily reports to Resource Management (**ESF-7**) and Donations Management (**ESF-19**) on the amount of food used and types of food needed.
20. Forward requests for food, water, and ice to the EOC.
21. Maintain records of the cost of supplies, resources and man-hours needed to respond to the disaster event.

**B. Support Agencies:**

**City of Battlefield**

**Springfield-Greene County Office of Emergency Management (OEM)**

1. Coordinate local governmental emergency response by incorporating mass care issues.
2. Cross-link mass care efforts and in-place sheltering for bulk distribution where applicable.
3. Assist in establishing priorities and coordinating the transition of mass care operations with recovery activities based on disaster situation information and the availability of resources that can be appropriately applied.
4. Assure the availability of resources for the disaster area(s) by maintaining a database including the following:
  - a. A list of shelters.
  - b. A list of food and water sources provided by support agencies.

**Springfield-Greene County Health Department**

Provide expertise for shelter operations related to routine public health concerns and provide administrative staff to supplement shelter staff, as needed.

**Center for Independent Living**

Provide support for shelters to ensure medical/mental health needs are met and are available for all shelter clients.

**C. State Support Agency:**

**Missouri Division of Family Services**

1. Designate facilities for the lodging of local institutionalized groups under state control.
2. Liaison with the American Red Cross regarding mass care activities and assist in the planning necessary to make food and water available.

**V. DIRECTION AND CONTROL**

- A.** Direction and Control of Mass Care Sheltering operations will vary according to the extent of the disaster or emergency situation. In a large-scale disaster, direction and control will be carried out from Battlefield's EOC (**see Basic Plan**) or the Springfield-Greene County OEM if requested.
- B.** In a limited disaster or emergency situation, mass care operations will be controlled from normal day-to-day office locations, if possible, or at a site designated at the time.
- C.** The American Red Cross and other supporting agencies will administer mass care activities locally.

- D.** A disaster or potential disaster that generates a requirement for protecting people from a harmful environment will activate the EOC.
- E.** Battlefield Government has the responsibility to plan and prepare an effective response for all populations. If a disaster or emergency does occur, injuries can be lessened and lives can be saved with proper pre-event planning that serves an all-inclusive population.
- F.** The Missouri Department of Health and Senior Services, along with the Department of Social Services and the Department of Mental Health, will assist local jurisdictions in supporting the populations with Medical/Mental needs within their communities.
- G.** A copy of the Functional Needs Support System (FNSS) guidance is located at the Springfield-Greene County OEM.
- H.** Appendix 4 of this plan discusses Red Cross Disaster Services.

## **VI. CONTINUITY OF OPERATIONS**

The key purpose of Continuity of Operations planning is to provide a framework for the continued operation of critical functions. When implemented, these plans will determine response, recovery, resumption, and restoration of Department/Agency services.

COOP Plans for the Departments/Agencies present a manageable framework, establish operational procedures to sustain essential activities if normal operations are not feasible, and guide the restoration of the critical functions of the Department/Agencies functions. The plan provides for attaining operational capability within 12 hours and sustaining operations for 30 days or longer in the event of a catastrophic event or an emergency affecting the department.

## **VII. ADMINISTRATION AND LOGISTICS**

### **A. Administration**

Procurement of necessary supplies will be accomplished through normal acquisition channels and coordinated with Resource and Donations Management (**ESF-7 and ESF-19**).

During unusual or life-threatening situations, normal purchasing procedures may be set aside and emergency procedures as set forth in County Court orders and/or City ordinances will be used, if applicable.

1. Assistance to this ESF will be provided under Public Law 93-288 (as amended, the Robert T. Stafford Disaster Relief and Emergency Assistance Act) and the Missouri Emergency Operations Plan.
2. During the emergency response and for the first hours after the occurrence, there may be little or no assistance available. Primary and support agencies of this ESF must plan to be as self-sufficient as feasibly possible during this period.
3. As with any disaster or emergency event, the ICS will be used to organize and coordinate response and recovery.

## **B. Logistics**

1. Resources required prior to the disaster:
  - a. Shelters available at the time of evacuation.
    - Food and water
    - Identification tags
    - Cots and blankets
    - Durable Medical Goods
    - An extra source of electricity, if needed
  - b. Personnel.
    - Shelter workers
    - Personal Care Assistants, as needed
    - Feeding workers
2. Resources required for Continuing Operations.
  - a. On-going supplies of food and water
  - b. Mass transit for the shelter population
    - To work
    - To school
    - To medical appointments
    - To shopping and recreation

## **VIII. ESF DEVELOPMENT AND MAINTENANCE**

- A.** The Mass Care designee will be responsible in conjunction with the Springfield-Greene County Office of Emergency Management and the City of Battlefield for review and up keep of this ESF.
- B.** This ESF and its associated Appendices should be reviewed and updated at least annually.
- C.** All revisions will be incorporated immediately and appropriate changes should be made ancillary to resource materials.

## **IX. REFERENCES**

American Red Cross Greater Ozarks Chapter Disaster Plan (July 2010)  
American Red Cross Foundations of the Disaster Services Program (May 2008)  
Mass Care: Feeding Handbook (April 2008)  
Mass Care: Sheltering Handbook (March 2013)  
Disaster Mental Health Handbook (October 2012)  
Mega Shelter Planning Guide (January 2010)  
Safe and Well Linking (January 2013)  
Safe and Well Registration Form (January 2011)  
Shelter Registration Form (English) (February 2007)  
Shelter Registration Form (Spanish) (June 2007)  
Registration Intake (May 2013)  
CMIST Worksheet (June 2013)  
Emergency Support Function 6 MOA between Red Cross and FEMA (October 2010)



## **ESF-6**

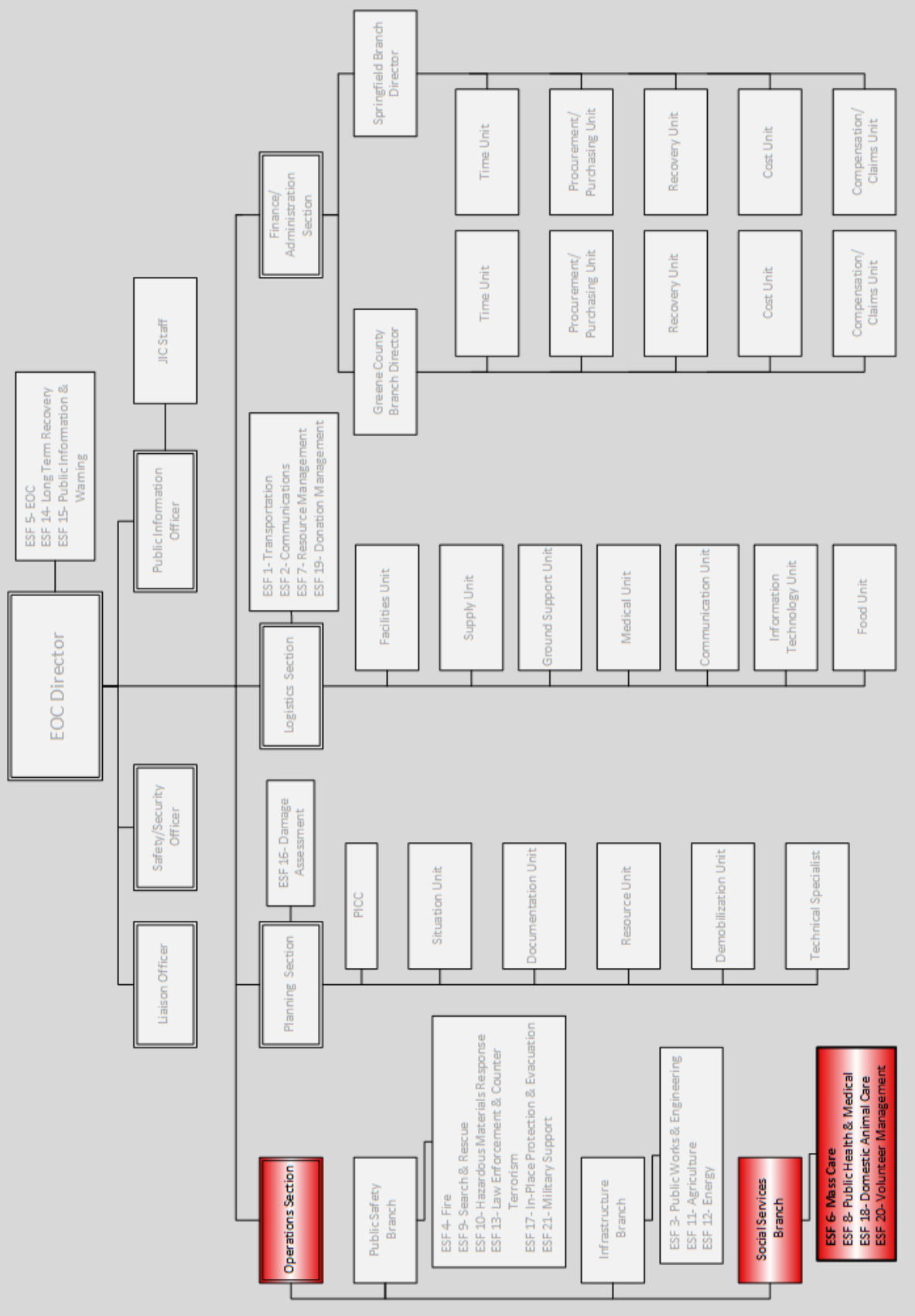
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## **APPENDIX 1**

**This is a restricted document**

## APPENDIX 2 ORGANIZATIONAL CHART



## APPENDIX 3

### RED CROSS DISASTER SERVICES

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#### BACKGROUND AND PURPOSE

This document provides guidance about serving shelter clientele in an American Red Cross shelter. The guidance underscores our dedication to the fundamental principles and emphasizes our commitment to be inclusive. This document recognizes the importance of advance planning, and identifies ways we address the different needs of shelter clients.

The Red Cross meets its commitment to inclusiveness by interviewing and assessing the needs of each client and addressing their individual needs to make all clients feel welcome and make their stay as pleasant as possible. In some cases Red Cross shelter workers provide individually needed services directly and sometimes coordination with a government or non-government partner may be necessary to provide adequate accommodations.

On November 1st, 2010, the Federal Emergency Management Agency (FEMA) issued *Guidance on Planning for Integrating Functional Needs Support Services in General Population Shelters (FNSS Guidance)*. This guidance was developed in consultation with the Red Cross and other key stakeholders, and reflects an inclusive approach to sheltering that parallels the Red Cross commitment to impartiality. It provides guidance to local emergency managers and shelter operators on how to develop plans that serve inclusive populations that reflect a cross section of societal demographics. The *FNSS Guidance* gives pointers on how to better serve and integrate those with access and/or functional needs into shelters. This guidance also recognizes that individuals who need continuous medical supervision or acute, life-sustaining medical care or individuals who are a danger to themselves or others may have need to be served in a more traditional health care setting. This guidance has been fully integrated into Red Cross service delivery to create a more inclusive response environment.

#### POLICY AND LAW

The Red Cross fundamental principle of impartiality, the Disaster Policy and the Mission of Disaster Services guide our service to all people. The Mission states that:

*Disaster services shall be conducted without regard to race, color, national origin, religion, gender, age, disability, sexual orientation, citizenship, or veteran status.*

Red Cross must also comply with the *Americans with Disabilities Act (ADA)*, which prohibits discrimination against individuals on the basis of disability. Under the ADA, the Red Cross must:

- Make reasonable modifications to our policies, practices and procedures when necessary to deliver shelter services to clients with disabilities
- Provide auxiliary aids and services to ensure effective communications with shelter occupants
- Welcome people with service animals
- Remove barriers to access at the shelter facility

#### GUIDANCE

##### I. Planning and Readiness

There are key planning and readiness steps required to shelter clients. Chapters should:

Work with the local disability community and government partners to identify the types of disability-related and/or functional or access needs people are likely to have in an emergency, noting specific demographics in the community.

- Determine which tasks and responsibilities will be performed by the Red Cross

- Establish systems to accomplish tasks and meet responsibilities with local and/or national Red Cross resources.
- Work with local partners and federal, state, tribal, and local governments, including public health departments, to identify partner resources and the tasks and responsibilities partners will perform.
- Establish relationships with durable medical equipment companies, consumable medical supply companies, pharmacies, home health care agencies, and the public health department and identify ways to meet client needs in a general population sheltering operation.

## **II. Making Shelters Accessible**

Ensuring that shelter facilities are accessible to all clients begins with site selection during the planning process. Using the *Shelter Facility Survey* (Form 6564), workers review the accessibility of entranceways, restrooms, showers, cafeterias, telephones and other service delivery areas. Through this process, the Red Cross assesses facility accessibility and identifies temporary modifications that can be made to address accessibility issues.

When a shelter is opened at the time of a disaster, workers should implement these temporary modifications. For example, workers must ensure there are wide and clear aisles and passageways to give persons with wheelchairs or walkers adequate room to maneuver. Shelter staff may need to move furniture, partitions, or equipment to create access. If necessary, staff should add portable ramps and portable commodes.

## **III. Identifying and Addressing Client Needs**

Shelter leadership, including Disaster Health Services (HS) and Disaster Mental Health (DMH), should work together to assess and address the needs of shelter clients. Shelter staff should:

- Use the *CMIST Tool* and the *Initial Intake and Assessment Tool* during registration and consult with HS or DMH to address next steps in meeting those needs.
- Have discussions with the client about barriers they have and the various ways their individual needs could be met.
- Respect client self-determination; involve the adult or child and the client's family in decisions about meeting the needs.
- Work with the client and HS/DMH to determine the appropriate resources and next steps.

A client's needs may require reasonable modifications and enhancements to services, using Red Cross or partner resources partners as appropriate. For example, shelter staff might:

- Adjust kitchen access policies for people with medical conditions who require access to food or refrigeration of medication.
- Modify sleeping arrangements to meet disability-related needs, such as by securing special cots through predetermined partners, local vendors or through national Red Cross resources.
- Offer assistance to people who are blind or have vision impairments.
- Provide an interpreter for those who are non-English speaking or deaf.
- Consider creating "stress-relief zones," where people with certain disabilities can be free of the noise and crowds of the shelter.
- Maintain accessible routes throughout the shelter: remove objects in areas where people walk; move furniture and other items to ensure unrestricted routes to all service delivery areas.
- Provide transportation to meet client's daily/routine needs.
- Consult with HS and/or DMH workers as appropriate to determine when individuals may need to be served in a health care setting to include a medical needs shelter. These would include people who need continuous medical supervision or acute, life-sustaining medical care, or who are a danger to themselves or others.
- Sometimes clients may require the use of the services of a personal care aide to assist with the activities of daily living. Without a personal care aide, shelter clients may require assistance with tasks such as eating, toileting, and dressing. Although the Red Cross does not typically provide personal care services, shelter workers may be able to offer basic assistance with some of these functions. Chapters should work with local government agencies and community partners to identify an agency or organization that can supply personal care assistance if a client needs it in a shelter.
- And meet other needs with reasonable accommodations as they arise.

#### **IV. Communication Assistance**

Red Cross shelter workers must take measures to ensure effective communication with shelter clients who have vision or hearing impairments or intellectual disabilities. Shelter staff should discuss the individual's needs directly with the client to ensure adequate services are provided.

For vision impairments, staff may:

- Read written materials to the client
- Provide materials in Braille or other alternate formats
- Assist using other reasonable methods identified in discussions with the client

For hearing impairments, staff may:

- Communicate by exchanging notes with the client
- Post information on message boards
- At the client's request or in an emergency, provide necessary information using a family member to interpret
- Assist using other reasonable methods identified in discussions with the client

In some situations, particularly in longer term shelters, a shelter client may need an interpreter. Chapters should identify local volunteers with ASL and foreign language fluency and/or work with partners to provide interpreters when needed.

For intellectual disabilities, staff may present information slowly, using simple language and short sentences and then try to confirm the client has understood the information and/or work with partners for services when needed.

#### **V. Medical Equipment and Medications**

Disaster Health and Mental Health Services workers review the *CMIST Tool* and the *Initial Intake and Assessment Tool* completed at registration and conduct an assessment to determine to ensure all reasonable individual needs are addressed and cared for so that the shelter stay is as comfortable as possible. If medical equipment or essential medicines need replaced, it is addressed at this time.

The replacement can occur through:

- Red Cross resources
- Government requisition
- In-kind donations
- Partnerships with other organizations

#### **VI. Service Animals in Shelters**

The Red Cross welcomes service animals in shelters. Service animals are not considered pets; they perform specific tasks for the owner. No certification is necessary to prove an animal is a service animal and shelter staff may not require documentation. When it is not apparent that an animal is a service animal, shelter staff may ask only two questions to help determine whether an animal is a service animal:

1. Do you need this animal because of a disability?
2. What work or tasks has the animal been trained to perform?

Shelter staff should direct any concerns about a service animal in a shelter to the shelter manager.

The service animal's owner is responsible for the feeding, care and supervision of the service animal. The shelter staff should work with the service animal's owner to identify a relief area for the service animal and provide plastic bags, or other disposable containers for clean-up if needed. Shelter staff may also help connect these individuals with resources such as the local pet shelter or Humane Society to assist them in meeting the needs of the animal.

## RESOURCES

Serving individuals with functional and/or access needs in Red Cross shelters may be enhanced and improved with these additional tools and resources:

- *Shelter Operations Management Tool Kit*, pp. 31 – 32 and 35 - 37
- *ADA Best Practices Tool Kit for State and Local Governments* (“Tool Kit”) The Department of Justice designed the tool kit to help governments comply with ADA requirements applicable to state and local governments. (Title II).
- *FEMA Guidance on Planning for Integrating Functional Needs Support Services in General Population Shelters* (FNSS Guidance)

## APPENDIX 4

### CONTINGENCY PLAN ANALYSIS WORKSHEET

#### I. Purpose:

- A. Project mass care needs for 24 hours based on analysis of current data.

#### II. Criteria:

- A. **Weather Trends**
- B. **Current status +24 hours (2 Ops periods)**
- C. **Outage Status**
  - 1. Total inoperable meters
  - 2. Trends - Gains vs loses
  - 3. Phase of restoration
  - 4. Percentage of inoperable meters: Rural vs Urban
- D. **Current Shelter Status**
  - 1. Total beds filled/beds available
  - 2. Rate of shelter admissions

#### III. Threshold:

- A. **Weather Trends**
  - 1. Quarter inch of ice/ sustained winds greater than 20 mph
  - 2. Outage Status
- B. **5% total affected population will seek refuge**
  - 1. Trends: worsening or getting better
- C. **Shelters: number of open beds**

#### IV. Action Steps:

- A. Criteria + Threshold = Action Step (A.S.)
- B. Inoperable meter reports geographically directed at rural/urban areas.